THE RUDDER

Sailings of the U.S. Navy Medical Service Corps

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March/April 2026

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Note that this site is CAC-enabled.

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FROM THE MSC DIRECTOR

Fleet. Foundry. Fight.
Ready. Relevant. Resilient.

Esteemed MSC Colleagues,

Thank you for your professionalism, expertise, and unwavering dedication in support of the Department of War's mission. Your critical role around the world ensures our medical capabilities remain robust and that our Warfighters receive the care they need, when they need it most. You are driving the mission forward, and I am proud to serve alongside each of you.

As we continue this important work, please keep our deployed personnel and their families in your thoughts. We are deeply grateful for their sacrifices in support of our Nation and the Department.

This combined March/April edition of the Rudder highlights a series of updates that are redefining our Corps. The addition of the Navy Expeditionary Medical Department Officer (NEMDO) AQD marks a significant step forward, formally recognizing the expertise our Medical Staff Officers have demonstrated in NECC and NSW assignments. I encourage you to explore this qualification and consider its impact on operational readiness. The HRO Spotlight features proactive, systems-level thinking that is modernizing the reactive systems needed for effective operations.

As you read this issue, I invite you to reflect on the concepts of failure and success. Perspectives may differ, but growth often comes from embracing risk and learning from setbacks. Opportunities are rarely found by waiting for perfect conditions—they are seized by showing up, taking initiative, and sometimes learning through failure before achieving success. Consider failure as valuable data for future exploration and growth. Embrace each experience as an opportunity to learn, adapt, and improve. Take advantage of the many options available to you—being open to chances to lead when approached, DUINS, milestone, or command opportunities. Each path offers a chance to learn, grow, and make a meaningful impact on our mission.

Onward. Forward.

With respect and admiration! M. Case

M. CASE
Rear Admiral, Medical Service Corps
United States Navy
Director, Medical Service Corps

FITREP/EVAL UPDATE ICO NEW PFA SCORE REQUIREMENTS

The OPNAV Command Fitness Leader (CFL) Team received several questions (via CFL Distribution email collective) regarding proper documentation of PFA scores in FITREPs/EVALs. To ensure consistency across the Staff, recommend following below for clarification aligning with current guidance in **OPNAVINST 1610.10H** and the updated reporting requirements.

Please ensure Civilian Reporting Seniors are aware of this change!

1. PFA Score Requirement in FITREPs

Per the revised 1610.10H guidance, Reporting Seniors must include the Member's overall PFA numerical score in block 29 of FITREPs. To obtain the correct score:

- Members must generate a Detailed PFA Report from PRIMS.
- The required values are: Core points, Upper Body points, and Cardio points

These three component scores must be: Added together and divided by 300.

2. Calculation Example

Using a sample report:

- Core: 80
- Upper Body: 75
- Cardio: 75

Total Points = 80 + 75 + 75 = 230

Overall Score = 230 ÷ 300 = 0.76 (76%)

A score of 76% equates to an Excellent Low overall. Only the final averaged percentage (not raw component numbers) should be reflected in Block29.

Block 29 Example: 26-1: P/WS/76/EL

My Navy Portal PFA has a calculator available at: https://mn3p.navy.mil/web/performance/pfa-calculator?utm_source=mnp%20private.

The link is also available in the PFA registration page

3. Reporting Cycle Clarification

Per current NAVADMIN guidance implementing changes to the Physical Readiness Program:

- The updated PFA scoring/reporting requirements apply beginning with the 2026 cycle.
- Since the 2026 cycle has not yet occurred, commands will continue to report 2025 cycle PFAs under the previous reporting method.
- Ensure the correct cycle guidance is applied based on the reporting period ending date.

4. PRIMS Access Considerations

ACFLs with PRIMS access currently cannot run the required Detailed PFA Report independently.

If detailed reports are not provided by the member, verification would require individual pull and validation within PRIMS by authorized personnel, which will significantly increase administrative workload.

To mitigate this:

- Sailors should be directed to print and submit their Detailed PRIMS PFA Report with their FITREP/EVAL input package.
- Reporting seniors or designated admin personnel should verify calculations prior to submission.

OPNAV CFL POC: AZC Jose Prince

OFFICIAL NAVY PFA

Version: 4.0

Release Date: December 30, 2025

Available on the App Store

GET IT ON Google play

Navy Expeditionary Medical Department Officer (NEMDO) AQD

Navy Expeditionary Medical Department Officer (NEMDO) AQD – 6OL
Prepared by: Cmdr. Eric J. Infante, MSC, USN / Deputy Force Medical Officer, Naval Special Warfare Command
The NEMDO AQD (6OL) has been approved and will be published in the April 2026 NOOCS Manual. This AQD recognizes significant contributions made by Medical Staff Officers (MSO) with the 2100/2200/2300/2900 designators while serving in expeditionary billets. The qualification represents a level of expeditionary knowledge that distinguishes an Officer of the Medical Staff from his or her peers. The NEMDO program is highly encouraged for all MSOs serving in billets under Commander, Navy Expeditionary Combat Command (NECC) and Commander, Naval Special Warfare Command (NSWC). The NEMDO qualification program is outlined in OPNAVINST 1412.17 and can only be attained while permanently assigned to an authorized NECC or NSW billet. Per the instruction, officers who previously completed an expeditionary Medical Staff tour in a qualifying billet may request to be awarded the 6OL AQD if they satisfy the following requirements:
1. Successful completion of an expeditionary Medical Staff tour after 11 September 2001 as documented by Fitness Reports;
2. For NSW personnel, attainment of NSW NON-SEAL Officer Additional Qualification Designation, QK1;
3. Approval of the cognizant Force Medical Officer assigned to either NECC or NSWC.

Sexual Assault Medical Forensic Examiner (SAMFE) AQD

The Sexual Assault Medical Forensic Examiner (SAMFE) AQD (68S) has been approved and will appear in the April 2026 NOOCS manual.

If you took the course between 15 May 2023 and 23 May 2025, your record is being updated. If you took the course after this time frame, please reach out to your detailer to have the AQD added.

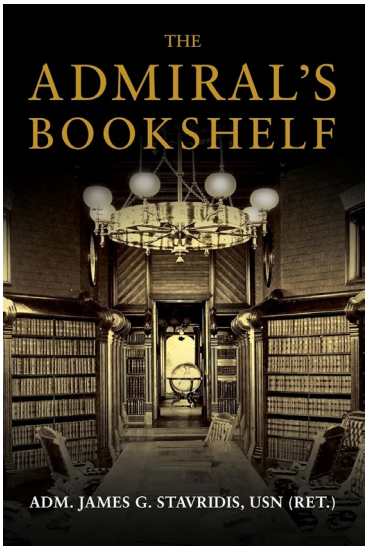
Specialty Leader Update: Entomology

Outgoing
Cmdr. Michael D. Kavanaugh

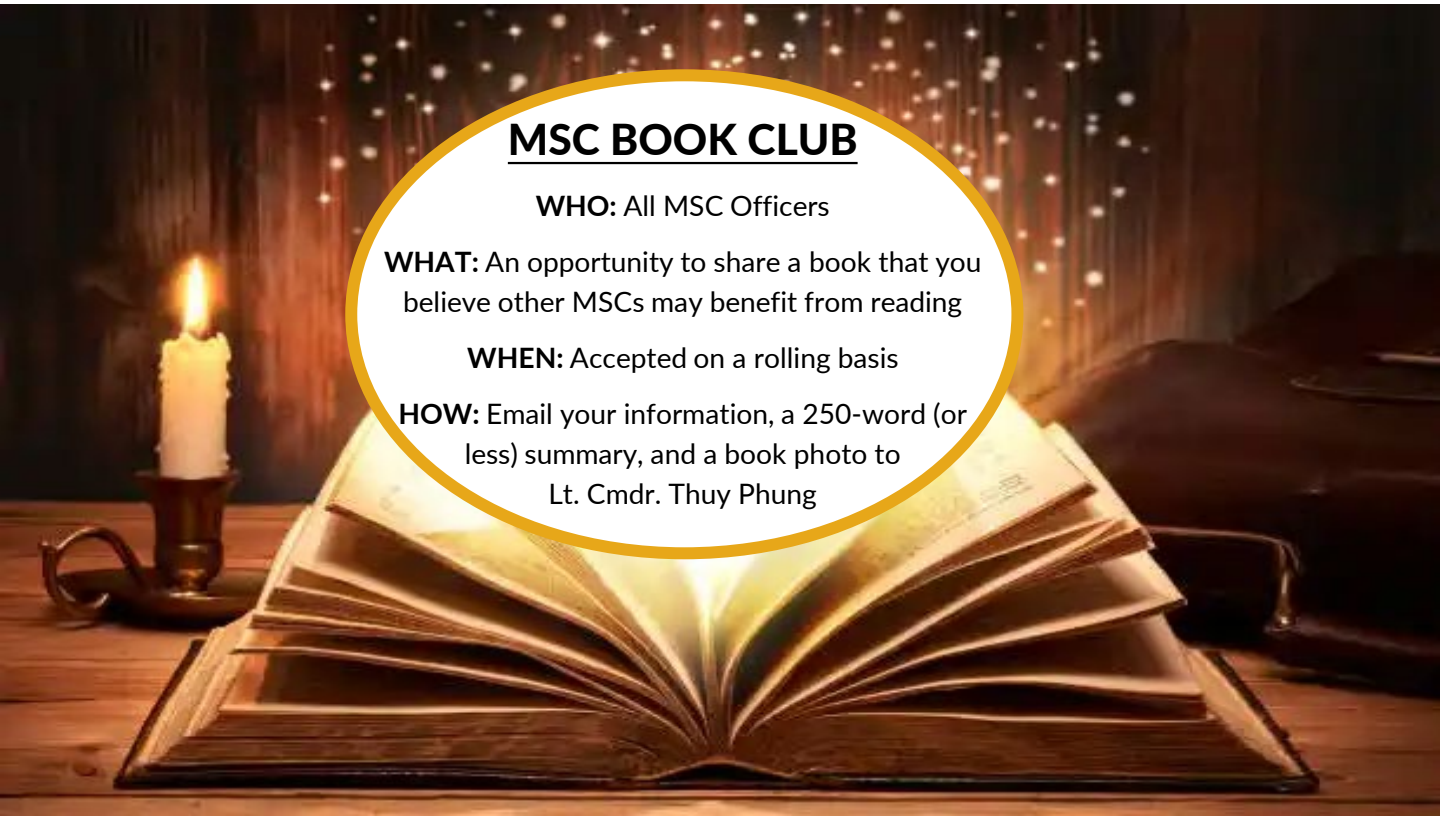
Incoming
Cmdr. James F. Hardwood

Admiral Stavridis' Bookshelf Trilogy by Admiral James G. Stavridis (Ret.)

Recommended by: Capt. Ben Feril, MSC, USN (Ret.)



Summary: The bookshelf trilogy by Admiral James Stavridis—comprising *The Admiral's Bookshelf* (2025), *The Sailor's Bookshelf* (November 2021), and *The Leader's Bookshelf* (March 2017), invites readers to explore Stavridis' growth both personally and professionally over forty years in the Navy, with each volume focusing on leadership and the maritime world. A U.S. Naval Academy graduate and seasoned Surface Warfare Officer, Stavridis held prominent roles, including NATO Supreme Allied Commander and Commander of U.S. Southern Command. Drawing from his personal collection of more than 5,000 books amassed during his career, his trilogy shares insightful stories from 125 different works covering topics like the oceans, naval and military history, and essential servant leadership principles. What I appreciate is that Stavridis highlights the practical wisdom found in these books that helps readers gain a better understanding of leadership and to foster a deeper respect for the Navy's maritime culture. What is also helpful is that each chapter is devoted to a single book from his collection where Stavridis discusses its significance, the impact it had on him, and the ways he incorporated those lessons into his career. Finally, Stavridis recommends a broad variety of genres including classics like *To Kill a Mockingbird* by Harper Lee, *Ender's Game* by Orson Scott Card, and Admiral Sandy Woodward's *One Hundred Days: The Memoirs of the Falkland Battle Group Commander*. Through his candid endorsements, Stavridis' trilogy stands out as a valuable guide for anyone interested in fiction, great books, servant leadership, and life at sea.


MSC BOOK CLUB
WHO: All MSC Officers
WHAT: An opportunity to share a book that you believe other MSCs may benefit from reading
WHEN: Accepted on a rolling basis
HOW: Email your information, a 250-word (or less) summary, and a book photo to Lt. Cmdr. Thuy Phung

FROM COMMISSION TO TRANSITION: RETIREMENT & RESIGNATION GUIDANCE FOR MSC OFFICERS

Career transitions, whether through retirement after decades of service or resignation to pursue new professional opportunities, represent significant milestones in an officer's career. While each officer's path is unique, the administrative processes governing these transitions are structured, policy-driven, and time-sensitive.

Early planning and clear understanding of eligibility requirements, obligated service commitments, submission timelines, and processing procedures can help prevent delays and ensure a smooth transition from active duty.

Below are answers to the most frequently asked questions received by Medical Service Corps (MSC) Detailers regarding officer retirement and resignation.

Statutory Retirement

Retirement from active duty is a statutory entitlement once eligibility requirements are met. Maintaining accurate service records and planning early are essential to ensure proper retirement processing and accurate pay calculations. Retirement requests may be submitted up to 18 months in advance, but no later than 9 months prior to the desired retirement date. Officers are encouraged to consult their Detailer to confirm eligibility prior to submission.

What references govern regular (active duty) officer retirement?

The primary reference for officer retirement laws can be found at: Officer Retirement Laws – MyNavy HR

What career dates determine retirement eligibility and pay calculations?

Important career dates used to determine retirement eligibility and retirement pay calculations are located on your Officer Data Card (ODC) in BUPERS Online. Key dates include:

- ADSD – Active Duty Service Date

Represents the date when all active duty service across all U.S. Armed Forces would have begun if it had been continuous. This date determines eligibility for active duty retirement and is used to calculate retirement percentage.

- ACBD – Active Commissioning Base Date

Represents the date when all creditable active commissioned service would have begun if continuous. This date determines total commissioned service.

- PEBD – Pay Entry Base Date

Represents the date when all creditable service for pay purposes began if continuous. It includes both active and inactive service and is used to calculate longevity pay.

- Promotion History

These entries determine Time in Grade, which may affect retirement grade eligibility.

When are retirement orders issued?

Per MILPERSMAN 1800-020, fiscal constraints limit the timing of retirement orders.

- CONUS retirements: Orders issued no earlier than 6 months prior to retirement date
- OCONUS retirements: Orders issued no earlier than 9 months prior to retirement date

Approved terminal leave or permissive temporary duty (PTDY) does not change the official retirement date.

What is the policy for house-hunting or job-hunting leave?

Relevant policy guidance is found in:

- MILPERSMAN 1320-220 & 1050-120

How can I estimate my retirement pay?

Officers can estimate retirement pay using the DFAS Retirement Pay Calculator, available through the Defense Finance and Accounting Service website.

BETHESDA, Maryland. Rear Admiral Anne Swap, former MSC Corps Chief at her retirement ceremony in 2023. Photographs by Harvey A. Duze, Office of Command Communications – WRNMMC)

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Officer Resignation

Unlike retirement, resignation from active duty is approval-based and must comply with obligated service requirements. Strict adherence to submission timelines and policy guidance is required.

What references govern officer resignation requests?

Officer resignations are governed by MILPERSMAN 1920-190 & 1920-200.

When should a resignation request be submitted?

Resignation requests must be received at PERS at least 9 months prior to the officer's Projected Rotation Date (PRD). Requests submitted outside this timeline will be returned without action. All resignation requests must be submitted through NSIPS.

How long does resignation processing take?

Processing typically takes 12–16 weeks. If the request requires waivers for obligations such as advanced education obligated service, bonuses or special pay, Minimum Tour for Separation (MTS), or Minimum Service Requirement (MSR), processing may require an additional 8 weeks.

How do I determine when I am eligible to resign?

Eligibility to resign depends on whether the officer has completed all obligated service requirements.

Officers should verify the following with their Detailer:

- Obligated Service Date (OSD)
- Minimum Tour for Separation (MTS)
- Minimum Service Requirement (MSR)
- Obligations related to advanced education, bonuses, or special pays

Officers may not separate prior to their Obligated Service Date (OSD).

Will I need to join the Reserves to complete my Military Service Obligation?

If an officer has less than eight years of active service, they must accept a reserve appointment in either the Selected Reserve, or the Individual Ready Reserve (IRR) for the remaining portion of their eight-year Military Service Obligation (MSO).

Is job-hunting or house-hunting permissive TDY authorized for resignations?

No. Permissive TDY for job or house hunting is not authorized for resignation separations.

What separation date should I request?

Separation requests in NSIPS should be submitted for the last day of the month. While orders are written for separation processing to conclude no later than the final day of the month, officers may depart earlier within that month provided command approval is granted and all separation processing requirements are completed.

No additional coordination with PERS or the Detailer is required to adjust the final departure date within that month.

When are separation orders issued?

Separation orders are typically issued:

- 6 months prior to separation (CONUS)
- 9 months prior to separation (OCONUS)

This timeline allows sufficient time to coordinate household goods shipment and relocation planning.

Planning Ahead

While the administrative process plays a critical role in officer transitions, successful retirement or resignation requires proactive preparation. Officers approaching separation are encouraged to maintain accurate service records, consult their Detailer early, and remain attentive to policy timelines.

Taking these steps early helps ensure that a career transition reflects the professionalism and dedication that defined the officer's service in the Medical Service Corps.

Questions or More Information?

Contact:

- Administration/Human Resource Department
- Personnel Support Detachment
- Detailer
- PERS-4510 (Resignations)
- AskMNCC@us.navy.mil
- COMM: 901-874-2095

NAVAL MEDICAL FORCES DEVELOPMENT COMMAND'S NAVY RESERVE MEDICINE OVERVIEW COURSE

By: Capt. Stephanie Donahue, Nurse Corps, U.S. Navy Reserve NMFDC

The Navy Reserve Medicine Overview course is an online opportunity for Reserve Component sailors to hear guidance from high level leaders and gain understanding of their role in the overall mission. Previously known as the Navy Reserve Medicine Orientation Course, it was initially developed in accordance with the Surgeon General's initiative for Navy Medicine Reservists to attend a virtual two-day orientation course, similar to the five-day Navy Medicine Officer Orientation (NM-101) Course offered to active- duty Medical Officers. With the support of Navy Medicine Flag Officers and in collaboration with the NM-101 team and presenters, the course was adapted and initially presented in October 2023 virtually to over 50 recently accessioned Navy Reserve Medicine Officers, over a Drill Weekend, to provide a consistent understanding and knowledge base of Navy Medicine.

Due to the rapidly changing operational priorities and structure of Navy Medicine Reserve forces and commands over the last several years, it became quickly apparent that the course was valuable for seasoned sailors as well as new accessions, and for enlisted personnel in addition to officers. As a result, the course was rebranded to Navy Reserve Medicine Overview course, with increased opportunities for breakouts based on rank, service corps, and self-assessed experience level within the Navy Reserves. Topics include strategies, concepts, and tools necessary for Navy Reserve Medicine Sailors to better execute their duties whether in a drilling unit, medical treatment facility, or forward deployed in an austere environment. Attendees are involved in discussions on operational and strategic level concepts, platforms and the adaptive mobilization process, global health engagements, readiness, billets, manpower, leadership, character, ethics, and Naval Heritage.

The Navy Reserve Medicine Overview Course is an excellent opportunity to remain current on the state of Navy Reserve Medicine and gain valuable insight from leaders in key positions. The course is now offered virtually three times per Fiscal Year, with the next opportunity coming up on July 18-19, 2026. Interested members can use the QR code to register and should work with their leadership regarding if they will be mustered with their unit or use rescheduled drills to attend.

NAVY RESEARCH PSYCHOLOGISTS SUPPORT SAILOR WELL-BEING THROUGH THE OFFICE OF THE NAVAL INSPECTOR GENERAL

By: Cmdr. Erica Harris, MSC, Research Psychologist, NAVINSGEN

OUR NORTH STAR

By 2027, Navy Medicine will deliver agile, scalable, trained, and certified medical units to provide enduring support to the Fleet, Fleet Marine Force (FMF), and Joint Forces in high-end competition, crisis, and conflict. Navy Medicine will be organized to facilitate all phases of *Force Development*, *Force Generation*, *Force Preservation*, and full restoration of the warfighter.

LEARNING OBJECTIVES

- Understand the mission of the Office of the Naval Inspector General
- Learn how these focus groups can enhance warfighter readiness across the Fleet

Established on May 18, 1942, the Office of the Naval Inspector General (NAVINSGEN) was created to conduct investigations as directed by the Secretary of the Navy and the Chief of Naval Operations to "inspect, investigate, or inquire into matters of importance to the Department of the Navy and maintain the highest level of public confidence." Consisting of a rich history with roles and responsibilities changing and evolving over time, the role of the Naval Inspector General (NAVIG), a 3-star line officer, is "…charged with the duty of keeping Congress and the Secretary of the Navy informed as to the conditions of the naval service…"

During a recent mission to Tidewater, five Navy Research Psychologists served as advocates on behalf of sailors, Department of the Navy civilians, and their families by conducting focus groups and collecting and analyzing qualitative data on the impacts to their mission, job performance, and quality of service (e.g., impacts to work and home life).

The goal is to be able to provide the highest levels of leadership with a sight picture of the voice of the Fleet and what is getting in the way of them achieving their mission whether it be policies or procedures and how they can be improved to enhance warfighter readiness.

"*Our job wasn't to inspect programs—it was to listen to the Fleet. When Sailors and civilians tell you what's getting in the way of doing the mission and caring for their families, you start seeing the real friction points that don't show up in surveys.*" Lt. Jayson Rhoton.

These Research Psychologists heard stories of lived experiences of those through direct, authentic discussion of factors that may impact readiness, accountability, and support. They led numerous focus groups sessions, leveraging the communication skills of active listening and empathy, collecting real-time data to help surface issues that may not appear in a standard operating procedures, instructions, or other typical metrics.

It is difficult to measure morale or lack of communication from those means, and these types of focus groups are independent of any Defense Organizational Climate Survey (DEOCS) survey or Command Resilience Team discussions. In addition, the aggregated data collected informs recurrent themes or patterns to inform recommendations made to leadership for corrective actions or policy changes. More importantly, they helped these personnel feel seen and heard. This builds trust from outside entities who care and reinforce the strength of the NAVINSGEN process.

"*This mission was incredibly rewarding—it allowed me to gain firsthand insight into the needs and concerns of personnel across all ranks, which is invaluable for informing my research initiatives. The best science is driven by real-world data, and I'm grateful for the opportunity to understand their priorities so I can focus my work where it matters most.*" – Lt. Quinton Dotson

Through this experience, they provided critical insights through detailed qualitative data that supports mission readiness, identified gaps, and promotes accountability. Their work aligns with LOE 3, Quality Healthcare, and increasing performance, high reliability, and medicine to provide the very best to our warfighters as well as force preservation to continue optimizing the human weapon system.

CALL TO ACTION

- In your own work environments, what value can focus groups provide in terms of qualitative data that are not captured within procedures or surveys?
- How do you use communication (verbal and non-verbal) to understand the lived experiences of your sailors?
- How can the data you collect from focus groups be turned into policy improvements, build trust, or create actionable, data-driven recommendations to improve naval readiness?

If you would like to be considered to support a future Focus Group Mission with the Office of the Naval Inspector General or contribute an article to The North Star, contact Cmdr. Erica Harris.

COMMANDER'S FINANCIAL DASHBOARD: FINANCIAL CLARITY IN SUPPORT OF READINESS AT U.S. NMRTC OKINAWA JAPAN

By: Lt. Jeffrey "Jeff" Kleitsch, MSC, & Lt. Cmdr. Daryl Mercado, MSC, Financial Management, U.S. NMRTC Okinawa

The call comes late in the day. Deployment timelines shift, medical readiness requirements tighten, and branch clinics across Okinawa surge as deployers are scheduled for screenings, immunizations, and last-minute care, while dependent beneficiaries continue to fill waiting rooms expecting the same access, quality, and continuity. Supplies must be ordered, equipment decisions cannot wait, and travel funding must be aligned immediately. At U.S. NMRTC Okinawa this is the operational rhythm: a forward-deployed, high-tempo, high-stress environment marked by proximity to adversaries and strict fiscal constraints, where readiness demands move quickly, patient care never pauses, and leaders must make confident decisions without delay or uncertainty.

It was from this reality that the **Commander's Financial Dashboard** emerged. Built not as a convenience, but as a necessity, the dashboard was designed to reduce ambiguity, accelerate decision-making, and ensure resources remain aligned with both deployer readiness and dependent beneficiary care. Built as a live, data-driven financial management platform and developed using PowerBI, it provides real-time visibility of OPTAR (Operations Targets) execution across every directorate and department. By integrating multiple authoritative data sources into a single operational view, the dashboard allows leadership to track millions of dollars down to the dollar and act decisively when the mission demands it. What began as a visibility tool quickly evolved into a force multiplier, fundamentally changing how financial management supports operational readiness at U.S. NMRTC Okinawa.

Preoccupation with Failure: Anticipating Risk Early

In a forward-deployed medical command, failure rarely arrives as a single, obvious event. More often, it develops quietly through small variances, accelerating burn rates, or delayed obligations that compound over time. At U.S. NMRTC Okinawa, the priority is not reacting to failure after it occurs but anticipating and avoiding it altogether.

The Commander's Financial Dashboard was intentionally designed to support this mindset. Continuous, real-time insight into OPTAR execution allows leaders to identify emerging risk early and take corrective action before readiness or patient care is affected. Burn rates, variances, and execution trends are visible as they develop, enabling leadership to intervene deliberately rather than reactively. This early-warning capability preserves flexibility throughout the fiscal year, minimizes end-of-year surprises, and ensures resources remain aligned with operational demand when it matters most.

Reluctance to Simplify: Embracing Financial Complexity

OPTAR execution at U.S. NMRTC Okinawa is inherently complex. Supporting a central hospital, multiple branch clinics across the island, and a diverse beneficiary population while maintaining readiness for deployers requires navigating layered funding lines and competing priorities. Oversimplifying this complexity risks obscuring the very details leaders need to make sound decisions.

The dashboard reflects a deliberate reluctance to simplify. Leaders can move seamlessly from a command-wide view to directorate-level execution and down to individual departments without losing context. This depth does more than inform decisions, it educates directors and department heads on financial management, strengthening fiscal literacy across the command. By making complexity visible and understandable, the dashboard equips leaders with the knowledge to manage resources confidently rather than cautiously.

Deference to Expertise: Empowering the Right Decision-Makers

The development and sustainment of the Commander's Financial Dashboard is led by Lt. Cmdr. Daryl Mercado, Comptroller and Director for Resource Management, and Lt. Jeff Kleitsch, Deputy Comptroller and Associate Director for Resource Management.

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Together, they oversee a Resource Management enterprise focused on delivering timely, reliable financial insight in one of Navy Medicine's most operationally demanding environments.

A defining strength of the dashboard is how it shifts financial power to those closest to the mission. Directors, department heads, and branch clinic leaders are no longer passive recipients of budget updates; they are empowered decision-makers with real-time visibility into their execution. This deference to expertise accelerates decisions, strengthens accountability, and builds trust across the organization. Central to this success is U.S. NMRTC Okinawa's exceptionally dedicated team of Japanese foreign national professionals, whose institutional knowledge, technical proficiency, and continuity ensure the data behind the dashboard is accurate, trusted, and resilient despite high operational tempo and personnel turnover.

Commitment to Resilience: Precision Under Pressure

Operating forward-deployed requires constant adaptation. Fiscal plans must remain flexible without sacrificing discipline. The Commander's Financial Dashboard reinforces commitment to resilience by aligning real-time OPTAR execution with future planning through the Resource Planning Tool (RPT).

This alignment allows leadership to validate projections, adjust assumptions, and respond immediately to emerging operational requirements while maintaining control to the dollar. In an environment defined by uncertainty and change, this ability to adapt quickly without losing oversight directly supports operational readiness and sustained mission success.

Impact to Navy Medicine

The Commander's Financial Dashboard has transformed financial management at U.S. NMRTC Okinawa into a true operational enabler. It accelerates decision-making, empowers directors, department heads, and branch clinic leaders, improves financial understanding across the command, and ensures resources are aligned with both deployer readiness and dependent beneficiary care.

In a forward-deployed setting where operational stressors and fiscal constraints are constant, applying High Reliability Organization principles to financial execution has delivered clarity, confidence, and readiness. The Commander's Financial Dashboard demonstrates how Financial Management professionals directly support Navy Medicine's mission, ensuring care and readiness advance together—without compromise.

U.S. Naval Medical Readiness and Training Command Okinawa, Japan Resource Management Staff. In uniform: Lt. Kleitsch (L) and Lt. Cmdr. Mercado (R).

NAMRU SAN ANTONIO LEADERSHIP, RESEARCH SCIENTISTS PARTICIPATE IN ANNUAL AIM HEALTH R&D SUMMIT

By: Burrell Parmer, Naval Medical Research Unit Public Affairs Officer

Leadership and research scientists assigned to Naval Medical Research Unit San Antonio, joined by the U.S. Army Institute of Surgical Research, and U.S. Air Force 59th Medical Wing, participated in the annual AIM Health R&D Summit held at the Henry B. Gonzalez Convention Center.

Designed to promote cross-sector collaboration in the development of life-saving battlefield technologies, the one-day summit brought together top innovators from academia, industry, and the military to accelerate the research, development, and commercialization of transformative medical technologies.

Opening ceremonies began with the presentation of the colors by the University of Texas at San Antonio Reserve Officers Training Corps Honor Guard followed by opening remarks from Rene Dominguez, president and CEO of VelocityTX.

Remarks were received by the Honorable Ron Nirenberg, mayor of San Antonio followed by the keynote address delivered by former Surgeon General of the Air Force and Space Force, retired Lt. Gen. Robert Miller, associate vice president and director of the Military Health Institute at the University of Texas Health Science Center San Antonio.

"We have one of the largest health systems in the world, if not the largest, which has the responsibility to deliver quality medical care and to deliver that healthcare benefit back to active duty, dependents and retirees," said Miller to the attendees. "There is also that readiness mission, that go to war mission, and the Military Health System is the only one that has that two-fold role."

According to Miller, the experience he gained throughout his career and as the Air Force surgeon general provided an understanding of the importance of the San Antonio medical community. More than nine topics, including Navigating Fiscal Year 2026 for Department of Defense Medical Research, Dual-Use Medical Technology for DoD Operational Medicine and Disaster/Combat Casualty Care, and Future Biodefense, were featured at the summit.

Chief Science Director Dr. Darrin Frye of NAMRU San Antonio, joined by fellow chief scientists from USAISR, 59th MDW, and Research South Texas Veterans Health Care System, participated in an Introduction to Working with San Antonio Federal Medical Research Organizations.

"AIM 2025 gave NAMRU San Antonio a platform to showcase its unique Navy Medicine mission, contrasting and complementing Army and Air Force partner efforts, while fostering new collaborations with academic and industry partners," said Frye. "By providing a command overview, we aimed to foster critical connections with academic and industry subject matter experts and highlight the core and unique capabilities of NAMRU San Antonio, helping to open pathways for collaboration and innovation to advance Navy and joint medical solutions."

Additionally, NAMRU San Antonio researchers participated in a San Antonio Military Health and Universities Research Forum Podium Session and Innovation Meets Connection Session where researchers participated in science poster presentations.

Collaborating and working alongside a wide range of research and development partners keeps Navy Medicine Research & Development (NMR&D) abreast of best practices and advances in medical knowledge.

NAMRU San Antonio, part of NMR&D conducts gap-driven combat casualty care, craniofacial, and directed energy research in support of Navy, Marine Corps and joint U.S. warfighter health readiness and lethality while engaged in routine and expeditionary operations.

SAN ANTONIO, TEXAS. NAMRU San Antonio leadership, research scientists participate in annual AIM Health R&D Summit. Photo By Burrell Parmer

ARTICLE OF INTEREST

THE EYES HAVE IT: BUSTAMANTE TAKES HELM OF AFOS

By: Lt. Cmdr. Kevin Hoang, MSC, Officer-in-Charge, NMRTU Yuma, Arizona

In a spirited and forward-looking moment for the military and federal optometric community, Cmdr. Sara Bustamante officially stepped into the role of President of the Association of Armed Forces and Federal Optometric Services (AFOS), succeeding Cmdr. Adam Preston. This leadership transition comes at a time of tremendous momentum—built upon decades of advocacy, clinical excellence, and professional unity.

A Legacy of Vision and Service

AFOS's story began 56 years ago when a group of visionary optometrists gathered in 1970, at the American Optometric Association (AOA) headquarters in Washington, D.C., to establish the Armed Forces Optometric Society. In 1971, the AOA House of Delegates formally recognized the organization as an Affiliate Group, solidifying its role as the unified voice for military optometry.

Throughout the 1970s and 1980s, AFOS helped advance credentialing for diagnostic and therapeutic pharmaceuticals within the military and advocated for optometry's recognition as an independent and essential healthcare service. In 1986, membership expanded to include Veterans Affairs and Civil Service optometrists. In 2023, the organization adopted its current name—the Association of Armed Forces and Federal Optometric Services—to reflect the full breadth of federal optometric practice.

Recent Wins Set the Stage for Continued Success

Under Preston's leadership, AFOS has delivered historic progress. Most notably, AFOS advocacy helped ensure proper implementation of the new VA physician pay scale for doctors of optometry—an important step toward compensation equity and formal recognition of optometrists as physicians within the federal system.

In addition, AFOS achieved a landmark update to military optometry special pays rates that had not been meaningfully revised since 1971. After more than five decades, this change represents a generational victory in recognition of the expanded role optometry plays in the Military Health System and is a result of the sustained engagement of AFOS with policymakers and leaders. This win also aligns with the Navy Surgeon General's Line of Effort of Recruiting and Retaining medical talent.

The Executive Committee also undertook a comprehensive review of AFOS's mission, vision, and values. This strategic effort sharpened the organization's focus, clarified its identity, and strengthened its ability to advocate effectively in a rapidly evolving federal healthcare environment.

Looking Ahead with Energy and Purpose

Now, with Bustamante at the helm, AFOS is poised to build on this momentum. Known for her collaborative leadership style and commitment to excellence, she brings fresh energy and steady vision to the role.

Members across the Department of War, Veterans Affairs, Public Health Service, Indian Health Service, and other federal agencies can look forward to continued advocacy, strengthened professional development, and a unified voice championing the value of federal service doctors of optometry.

As AFOS moves forward, it does so grounded in a proud history, strengthened by recent victories, and energized by new leadership. With Bustamante guiding the way, the future of federal and military optometry is not only secure—it is bright.

ATLANTA, Georgia. Feb. 24, 2026. The newly-elected 2026-2027 AFOS Executive Committee and Board of Trustees are sworn in by the AOA Board of Trustees, including AFOS Immediate Past President Cmdr. Adam Preston and incoming President Cmdr. Sara Bustamante, among other service representatives. Navy Trustees also include Cmdr. Micah Kinney (not pictured) and Lt. Cmdr. Kevin Hoang (not pictured). Photo courtesy of AFOS.

MSCs IN FOCUS

CAMP LEJEUNE, North Carolina. The Interservice Physicians Assistant Program (IPAP) graduates swear the Naval officer's oath during the IPAP graduation at Marston Pavilion on March 6, 2026. Naval Medical Center Camp Lejeune serves as a Phase II site for Navy Medicine's Interservice Physician Assistant Program. The program has graduated and commissioned more than 35 Navy officers since the program's establishment in 2021. (U.S. Navy photo by Mass Communications Specialist second class Justin Woods).

FORT DETRICK, Maryland (Feb 27, 2026). Subject Matter Experts from across Navy Medicine gathered at the Naval Medical Readiness Logistics Command Detachment Fort Detrick to perform a detailed review of the Authorized Medical Allowance List concerning pharmacy and anesthesia, vital components for Role 3 medical care. From Left to right: HM1 Emmanuel Dei, Mr. Germaine Haywood, Mrs. Mindy Scruggs, Mr. Ryan Lloyd, Mr. Charles Elliot, Capt. Noel Koenig (USNS Mercy), Lt. Cmdr. Chirag Patel, Mr. Mario Brito, Lt. Johnathan Oliva (USNS Mercy), HM1 Katlyn Schrecengost, Royal Navy LEUT Josephine Hancock.

MSCs IN FOCUS

CAMP PENDLETON, California. LEFT: Lt. Grant Ingalls (left), a physician assistant assigned to Expeditionary Resuscitative Surgical System (ERSS) 21, Navy Reserve, provides simulated medical care to Hospital Corpsman 3rd Class Isaiah Gutierez (right), an instructor assigned to the Naval Expeditionary Medicine Warfighter Development Center (NEMWDC), during an ERSS training evolution at Camp Pendleton, California, Jan. 19-30, 2026. RIGHT: Hospital Corpsman 3rd Class Rian Meeks, surgical technologist (left), and Ingalls (right) prepare for a simulated casualty during a realistic medical training. The training, conducted by NEMWDC, focuses on delivering effective patient care while operating with limited resources in austere environments. (U.S. Navy photo by Petty Officer 2nd Class Moira Esquivel)

ATLANTA, Georgia (February 25, 2026). Navy optometrists assist recruiting efforts at the Southern Council of Optometrists World Congress exhibit hall between Continuing Medical Education lectures. Pictured below (L-R): Cmdr. Jeremy Lamb, Lt. Cmdr. Stephen Jaggi, Capt. Kyle Dohm, Cmdr. Joshua Kiel, Cmdr. Mary Beth Linnell, Cmdr. Sara Bustamante, Lt. Justin Vo, and Capt. Chris DeAngelis.

Master of Health Care Delivery Science at Dartmouth Q&A Sessions

Hosted by Dartmouth College and the Office of the Corps Chiefs

INFORMATIONAL WEBINARS
April 15, 2026 at 1200 (noon) eastern
July 15, 2026 at 1200 (noon) eastern

Webinar links and dial-in information is available on the Executive Medicine SharePoint page.

Webinars will be recorded and made available on the Executive Medicine SharePoint page.

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DUINS BOARD DATES
DC DUINS: mid-June
MSC DUINS: late-Sep
NC DUINS: mid-Nov
MC GME: mid-Nov

APPLICATION DEADLINES:
Dartmouth Application due May 7, 2026
Dartmouth Applications due June 15, 2026
Dartmouth Applications due August 15, 2026
Dartmouth Applications due October 15, 2026

Please contact your Corps Career Planner with questions. Thank you!

CDR Marshall Hoffman, MC
CAPT Daniel Honl, DC
CAPT Teresa Dent, NC
CAPT Marcy Morlock, MSC

UPCOMING COURSES CALENDAR

Course Name	Start Date	End Date	Location	Registration
Intermediate Leadership Course (ILC)	April 13, 2026	April 17, 2026	Dam Neck, VA & San Diego, CA	CeTARS/eNTRS
Fundamentals of Global Health Engagement (FOGHE)	April 20, 2026	April 24, 2026	Virtual	Link
Senior Leadership Course (SLC)	April 20, 2026	April 24, 2026	Dam Neck, VA (Virtual)	CeTARS/eNTRS
Senior Leader Legal Course (SLLC)	April 21, 2026	April 23, 2026	Newport, RI	CeTARS/eNTRS
Surface Warfare Medical Department Officer Indoctrination Course (SWMDOIC)	May 4, 2026	May 15, 2026	San Diego, CA	CeTARS/eNTRS
Global Health Engagement Operations Course (GHEOC)	May 4, 2026	May 8, 2026	Bethesda, MD	Email
Intermediate Leadership Course (ILC)	May 4, 2026	May 8, 2026	Dam Neck, VA	CeTARS/eNTRS
Senior Leadership Course (SLC)	May 4, 2026	May 8, 2026	San Diego, CA	CeTARS/eNTRS
Senior Leader Legal Course (SLLC)	May 5, 2026	May 7, 2026	Newport, RI	CeTARS/eNTRS
Healthcare Management Course (HCM) - Virtual	May 11, 2026	May 14, 2026	Virtual	Link
Intermediate Leadership Course (ILC)	May 18, 2026	May 22, 2026	Dam Neck, VA	CeTARS/eNTRS
Senior Leader Legal Course (SLLC)	May 26, 2026	May 28, 2026	Newport, RI	CeTARS/eNTRS
Intermediate Executive Skills Course (IESC) - Virtual	June 8, 2026	June 11, 2026	Virtual	Link
Fundamentals of Global Health Engagement (FOGHE)	June 8, 2026	June 11, 2026	Virtual	Link
Intermediate Leadership Course (ILC)	June 8, 2026	June 12, 2026	Dam Neck, VA	CeTARS/eNTRS
Senior Leadership Course (SLC)	June 8, 2026	June 12, 2026	San Diego, CA (Virtual)	CeTARS/eNTRS
Senior Leader Legal Course (SLLC)	June 16, 2026	June 18, 2026	Newport, RI	CeTARS/eNTRS
Intermediate Leadership Course (ILC)	June 22, 2026	June 26, 2026	Dam Neck, VA & San Diego, CA	CeTARS/eNTRS

Find complete course details, including descriptions, purpose, seat availability, nomination deadlines, and more in the FY26 Navy Medicine Leadership Course Catalog (CAC-enabled).

To suggest additional courses for the upcoming calendar, contact Lt. Cheryl Kivlehan or Lt. Cmdr. Micaela Barter (contact information on MSC SharePoint). *Note that Lt. Kivlehan & Lt. Cmdr. Barter cannot register you for courses.*

CONTACTS

Rudder Archive (CAC-Enabled): Here.

MSC Photo Album: Here.

Rear Admiral, Medical Service Corps

Director, Medical Service Corps

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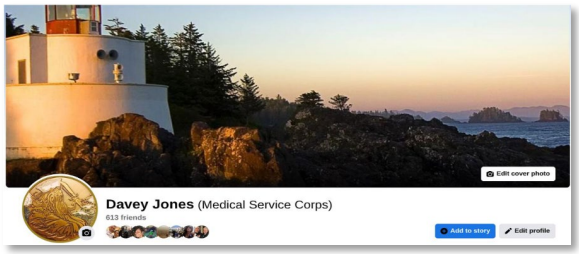
The Medical Service Corps supports Navy Medicine's readiness and health benefits mission. It is the most varied Officer Corps in Navy Medicine with 31 specialties organized under three major categories: Healthcare Administrators, Clinical Care Specialties, and Healthcare Scientists. There are over 3,000 active and reserve MSC Officers that serve at military treatment facilities, on ships, with the Fleet Marine Force, with Seabee and special warfare units, in research centers and laboratories, in a myriad of staff positions with the Navy and Marine Corps, and with our sister services around the world.

MSC SharePoint



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